

Center for Educational Performance and Information
*MEIS Security Agreement for Requesting Access Rights to the
Financial Information Database (FID) Application*

Step 1. District Code: _____ District Name: _____

Step 2. Enter the name of the designated individual whom the Superintendent authorizes to upload, validate and submit financial data (FID District User) or to view FID District data (FID District View).

Name (type or print)

Title

E-mail Address

Phone Number

Step 3. Please check **only one box** for the permissions being requested.

☐ FID District User (upload, validate, submit data to the state and print reports)

☐ FID District View (view all FID processes and print reports)

For the authorized individual(s): If you already have an MEIS account, go to Step 4. If you do not already have an MEIS account number, use Internet Explorer to access the Internet and link to the following URL:

<http://www.michigan.gov/meis>. Click on the MEIS logo. On the next screen, click on **"Create an MEIS Account."**

Step 4. Authorized MEIS Account Number (e.g., A1234567): _____
Authorized MEIS Account Login Name (e.g., smithjan) _____

NOTE: If you experience difficulty in obtaining an MEIS account or a FID Account, please call the DIT Client Service Center at 517-335-0505 for assistance.

Please complete the next line if you are replacing a formerly authorized individual.

Name of Formerly Authorized Individual

MEIS Account Number (e.g., A1234567)

MEIS Login Name (e.g., smithjan)

☐ Please revoke this individual's permissions from the FID application for this district (i.e., s/he is no longer responsible for the submission of financial information for this district).

Step 5. For the individual to be authorized: ***Please sign below.***

I agree to protect my user identification and password from unauthorized use. I understand all access under my user ID is my responsibility.

Signature of Individual to be Authorized

Date

Step 6. For the Superintendent: ***Please sign below.***

I attest that the above-named individual is authorized by me to perform the function identified in the box checked above for the Financial Information Database (FID) application.

Printed Name of Superintendent

Signature of Superintendent

Date

Step 7. Mail or fax this form to:

**DIT Client Service Center
235 S. Grand, Suite 304
Lansing, Michigan 48913
Fax #: (517) 241-8439
Email: Help-Desk@michigan.gov**